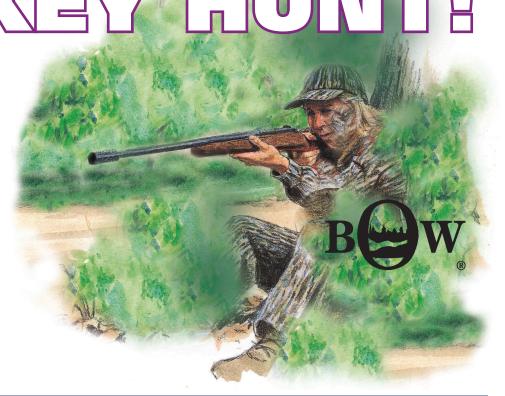


Seminar: Saturday, April 11, 2015 Shirley, MA

Hunt: Monday, May 4, 2015 Devens RFTA, MA

Presented by:

MassWildlife, **Shirley Rod & Gun Club** and **Devens Reserve Forces Training Area**



Thank you to the following organizations which co-sponsor **Becoming an Outdoors-Woman in Massachusetts!**

Massachusetts Sponsors: Berkshire County League of Sportsmen's Clubs • Cape Cod Salties • Massachusetts Department of Conservation & Recreation • Massachusetts Division of Fisheries & Wildlife • Kittery Trading Post

- League of Essex County Sportsmen's Clubs National Wild Turkey Federation, Massachusetts State Chapter
- Massachusetts' Sportsmen's Council Massachusetts Waterfowlers' Inc. Massachusetts Wildlife Federation
- North Brookfield Sportsmen's Club Plymouth County League of Sportsmen Safari Club International-New England Chapter • Shirley Rod & Gun Club • Worcester County League of Sportsmen's Clubs

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VISIT US or Call: (508) 389-6300



TURKEY HUNT '15!

Seminar: *Saturday*, April 11, 2015 **Hunt:** *Monday*, May 4, 2015

Pre-registration required! Seminar: Limit 25 Hunt: Limit 10.

Registration preference will be given to new participants and returnees who have not taken a turkey.

This is a two-part workshop designed for adult women who are new to turkey hunting and want to learn more about it. Part A is a turkey hunting seminar. The focus will be on gun handling, turkey calling and hunting strategies that will be employed at the hunt on Devens. Photographers and others who won't be on the Devens hunt will learn about turkeys and turkey behavior at the Seminar. No firearms required. Part B is a guided turkey hunt. Participants may sign up for Part A or a combination. First time participants must attend the workshop. Turkey Hunt participants MUST possess: a 2015 MA hunting or sporting license, a valid MA gun license, turkey permit, and shotgun with appropriate ammunition.

Registration Deadlines — March 27, 2015 for the Seminar & Hunt; April 24, 2015 for the Hunt only — **NO REFUNDS AFTER THESE DATES**.

Simply Print, Fill In and Return the Registration, Medical, Photo Release and Liability Forms to the address below!

Registration Coupon

- □ PART A&B Count me in for the Turkey Hunting Seminar & Hunt: April 11, 2015 and May 4, 2015. Cost: \$40 (includes instruction, guide services, lunch on each day). Hunt limited to 10 participants.
- □ PART A Count me in for the Turkey Hunting Seminar, Shirley, MA: April 11, 2015. Cost: \$20 (includes lunch, calling instruction and supervised sighting-in).
- □ **PART B** Count me in for the **Turkey Hunt, Devens RTFA**: May 4, 2015. Cost: \$30 (includes lunch and guide services).

Name	Daytime telephone #
Address	

Town _____ State ____ Zip ____ e-mail address ____ MA Hunting Lic.#: ___ Shotgun Gauge: ____



Special Needs: If you have a disability, medical condition or special diet requirements, please indicate them with your registration. We will do our best to accommodate your needs. For more information call: (508) 389-6300.

Make check payable to: BOW / MSC

Print and Mail completed forms and check to: **MassWildlife** Field Headquarters, 1Rabbit Hill Road, Westborough, MA 01581



MEDICAL HISTORY QUESTIONAIRE

ALL INFORMATION WILL BE HELD CONFIDENTIAL

Please read: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other conditions that might be aggravated by the event.

Name:			
Date of Birth:			
Address:			
City/State/Zip:			
Medical Ins. Co.:	Medical Ins. Co.:Policy#:		
Emergency Contact:	mergency Contact: Phone:		
Physician: Phone:			
NOTE: Please check "yes" or "no" and provide addition	onal details where required.		
1. Any pre-existing injuries (ankles, knees, back, e	tc.) that might be aggravated by the event?	Yes	No
2. Taking any current medication?		Yes	No
3. Any heart problems or heart medication?			No
4. Any pressure or coercion from employer or others to participate?		Yes	No
5. Do you have high blood pressure?		Yes	No
6. Do you foresee any problem participating in the	upcoming programs due to a		
lack of physical exercise back home?		Yes	No
7. Do you have any allergies (food, bees, insects), r	eactions to medications,		
or physical limitation?		Yes	No
Please list allergies:			
Please indicate below any health history/problem	ns you feel the staff should be aware of:		
EMERGENCY ME	DICAL AUTHORIZATION		
The attached health history is correct to the best of except as specifically noted by me and a physician to a physician to hospitalize, secure proper anesth procedures required in an emergency situation.	n. In the event of an emergency, I hereby gi	ive permi	ssion
I give consent for the Massachusetts Division of I medical attention, transportation and emergency r)
I am in good physical condition, and am not awar or result in my being incapacitated or injured duri			1.
Signature of Participant Date			_



Becoming an Outdoorswoman in Massachusetts LIABILTY

If I am injured or suffer any illness or disease while residing at and/or participating in programs of the MDFW, except as may be caused by the grossly negligent or reckless conduct of the MDFW and their agents, employees and volunteers, I agree to hold MDFW or their agents, employees, volunteers or the host site harmless for said injury, illness, or disease.

I further understand and agree to abide by the general rules of conduct prescribed for the guests of MDFW and violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the hosting property.

I HAVE READ THIS RELEASE. I UNDERSTAND THAT IT AFFECTS LEGAL RIGHTS AND RESPONSIBILITIES, AND I HEREBY AGREE AND CONSENT TO THE TERMS AND CONDITIONS AND HEREBY WAIVE ANY CLAIMS ARISING WHILE RESIDING AND/OR PARTICIPATING IN THE PROGRAMS OF THE MDFW.

Signature of Participant	Participant Date	
РНО	TO RELEASE	
Participant's Name:		
Address:		
City/Town:	State:	Zip:
Phone:	(home)	(cell)
Email:		
Workshop Title:	Location:	
Participant also agrees that workshops may be used in futhe program.		
Signature of Participant:	Da	ate:
Please print name:		